Combined Transformation Workgroup
Meeting Agenda

Thursday, October 29, 2015
9:00 a.m. - 1:00 p.m.
UW Health Administrative Office Building
7974 UW Health Court, Middleton, WI 53562
Board Room

Time	Topic	Lead	Outcomes
9:00 a.m.	Welcome and Introductions	Julie Bartels	
9:15 a.m.	Review Agenda and Meeting Objectives	Julie	Meeting Objectives: 1. Confirm desired outcomes of best and better practice identification - 2. Understand current best practice recommendations across workgroups 3. Refine recommendations 4. Where do we still have gaps - where are we not sure what to do? 5. How will we tackle better practice and implementation considerations?

9:20 a.m.	Best and Better Practice in the Context of Collective Impact	Julie	1. Review core elements of collective impact and the importance of this framework to the SHIP
			 2. Understand definitions of "best" and "better" practice
			    a. What is the purpose of this step?
			    b. What does "done" look like?

9:40 a.m.	Review Current Best Practice Recommendations	Cindy Schlough	1. Review 5 "best practice" summaries
10:00 a.m.	Refine Best Practice Recommendations Identify Remaining Gaps	Cindy Schlough/ All	1. Review summary best practice recommendations 2. Consider criteria for inclusion in the SHIP (*below*) 3. Where do we need more research?
11:00 a.m.	Report Out	Karen Timberlake/All	1. Share refinements/questions from each recommendation 2. Discuss next steps
12:00 Noon	Break and Working Lunch		

12:20 p.m.	Preview Next Steps	Julie	1. How will we identify better practice? 2. What implementation issues should we consider? 3. Does the group wish to meet together to complete this work, or as separate work groups?
12:50 p.m.	Wrap Up	Julie	❖ What Went Well? ❖ Even Better If?

Best Practice Selection Criteria:

1. We can realistically expect to realize positive change within 3-5 years
2. By addressing this root cause, we will make an impact on a significant, "worthy" problem and positively impact goal achievement
3. Actions by multiple stakeholders addressing different, but aligned root causes, are required/possible
4. Some momentum already exists in the state - the problem is on people's radar screens or is connected/has line of sight to current priorities
5. We know what to do/an evidence base exists (even if emerging)
6. A willingness among stakeholders to accept responsibility for addressing the root cause(s) and a commitment to take action exist